APPLICATION FOR SUPPORT SERVICESPage 1 of 5

SECTION I: IDENTIFYING INFORMATION

YOUR NAME (First, Middle, Last, Suffix)								-	USTODIAL PARTY	
CHILD(REN)'S MOTHER'S NAME (First, Middle, Last, Suffix)									ONCUSTODIAL PARENT	
CHILD(REN)'S FATHER'S NAME (First, Middle, Last, Suffix)										
SECTION II: CHILD(REN) OF THE PAREN List the unmarried dependent child(ren) of the pare pregnant with the child of the father named above	ents nar	med abov	e for whom you a	are re me a	equestii nd the	ng sup expec	port ted d	service	es. If the mother is e as the BIRTH DATE.	
CHILD'S FULL NAME and ANY OTHER NAMES USED (include Nicknames) First, Middle, Last, Suffix	SEX	ETHNIC GROUP See Instructions	BIRTH DATE (MM/DD/CCYY)	SOCIAL SECURITY NUMBER			ГΥ	PLACE OF BIRTH (City, State & Country)		
1.	M F		(, , , , , ,				7	, , ,		
2.	Is there	a court or	der for support?		YES		NO		UNKNOWN	
3.	Is there	a court or	der for support?		YES		NO		UNKNOWN	
4.	Is there	a court or	der for support?		YES		NO		UNKNOWN	
5.	Is there	a court or	der for support?		YES		NO		UNKNOWN	
6.	Is there	a court or	der for support?		YES		NO		UNKNOWN	
	F	a court or	der for support?		YES		NO		UNKNOWN	
7.	M F		den for a very month.		VE0.		110		LINIGALOWAL	
8.	M F	a court or	der for support?		YES		NO		UNKNOWN	
			der for support?		YES		NO		UNKNOWN	
If child(ren)'s address is different than yours, please comp CHILD'S LAST AND FIRST NAME	olete the	inf ormat io	n below: (attach ad	dditio	nal page	if nece	essary	<u>')</u>		
ADDRESS: Street, Apt. or Unit No.										
City, State, Zip Code										
CHILD'S LAST AND FIRST NAME										
ADDRESS: Street, Apt. or Unit No.										
City, State, Zip Code										

CSS 2101 (09/01/01) APPLICATION ID:

SECTION III: COMPLETE THE FOLLOWING INFORMATION ABOUT THE CUSTODIAL PARTY *NOTE: The custodial party is the person or party who has primary custody of the children.*

FULL NAME (First, Middle, Last)						ONSHIP TO CHI arent, Aunt, Un				
MAIDEN NAME OR OTHER NAME(S) USED										
SOCIAL SECURITY NUMBER	BIRTH DATE (MM/DD/CCYY)		PLACE OF BIRTH	(City, State	& Country)			_		
ETHNIC GROUP (see instructions)	SEX Check one: M		COLOR OF EYES							
WEIGHT	HBGHT			STATE						
PRIMARY LANGUAGE SPOKEN IN HOME										
Check one: ENGLISH S	PANISH CHINESE	VIETNAMESI	E CAMBOD	IAN	LAOTIAN	OTHE	ER			
Can the Custodial Party read and und	lerstand English? Check one	ne: YES	NO NO							
HOME ADDRESS: Street, Apt. or Unit No.										
City, State, Zip Code				TELEPHON	NE NO. (incl	ude area code)				
MAILING ADDRESS: Street, Apt. or Unit I	lo.or P.O. Box (if different from hom	me address)								
City, State, Zip Code				MESSAGE	TELEPHON	TELEPHONE NO. (include area code)				
List other child (ren) of the custodial p	party different from children list	ted in Sectio	n II	<u> </u>						
FULL NAME (First, Middle, Last)					SEX	BIRTHDATE	OR APPROX	IMATE AGE		
1.										
2.										
3.										
BM PLOYER				TELEPHO	NE NO. (inc	clude area code	e)			
ADDRESS: Street, Apt. or Unit No.										
City, State, Zip Code										
OCCUPATION/JOB TITLE	WAGES \$		PAID: WEE	KLY	BI-WEEKLY	SEMI-N	ONTHLY	MONTHLY		
ls Health Insurance available for the	child(ren) through this employe	er? YES	NO	UNI	KNOWN			ES to any of		
Is Dental Insurance available for the child(ren) through this employer? YES NO UNKNOWN these questions, please complete the HEALTH INSURANCE INFORMATIO								LTH		
Is Vision Insurance available for the child(ren) through this employer? YES UNKNOWN (OCS 2111) form included in this package.										
**** ATTACH A COPY C	F YOUR MOST RECENT PAYC	CHECK STUB	ONLY IF YOU A	RE THE P	ARENT OF	THE CHILD((REN) * * * *			
Have the child(ren) ever received pulf YES, complete the following: (Att			rvices in another	State?	YES	NO NO	UI	NKNOWN		
STATE	COUNTY		DATES: (Month,	, Day, Year)		To:				
SECTION IV: COMPLETE	IE VOU ABE NOT THE	E MOTUE	1				DEN			
CHILD(REN)'S MOTHER'S NAME (First, M		<u>E WOTHE</u>	LK OK THE I	AINE		RELATIONSHIP		ILD(REN)' S		
MOTHER'S MAIDEN NAME OR OTHER NA	ME(S) USED									
CHILD(REN)'S FATHER'S NAME (First, M	iddle, Last, Suffix)					RELATIONSHIP	TO THE CH	ILD(REN)' S		
					FATHE	K				
FATHER'S OTHER NAME(S) USED										

SECTION V: INFORMATIO	N ABOUT THE NON	CUSTODIA	L PARENT								
FULL NAME (First, Middle, Last, Suffix)						ONSHIP TO CH	`—				
						FATHER	MOTHER				
MAIDEN NAME OR OTHER NAME(S) USED											
SOCIAL SECURITY NUMBER(S) (list more t	han one if necessary)										
	······ - · · · · · · · · · · · · · · ·										
BIRTH DATE (MM/DD/CCYY)	APPROXIMATE AGE PLACE OF BIRTH (City, State & Country)										
ETHNIC GROUP (see instructions)	SEX Check one: M			COLOR OF EYES							
WEIGHT	HBGHT		DRIVER'S LICENSE	NO.		STATE					
SCARS, MARKS, TATTOOS											
PRIMARY LANGUAGE SPOKEN IN HOME											
Check one: ENGLISH S	PANISH CHINESE	VIETNAMESE	CAMBODI	AN L	AOTIAN	ОТН	IER				
Can the Noncustodial Parent read and	d understand English? Ci	heck one:	YES NO)							
CURRENT HOME ADDRESS: Street, Apt. o	r Unit No.					DATE					
City, State, Zip Code				TELEPHONE	NO. (inc	lude area cod	e)				
LAST KNOWN ADDRESS: Street, Apt. or U	Unit No. (If different from above)					DATE					
City, State, Zip Code	TELEPHONE	LEPHONE NO. (include area code)									
MAILING ADDRESS: Street, Apt. or Unit N	o.or P.O. Box (if different from ho	ome address)					DATE				
City, State, Zip Code	MESSAGE TELEPHONE NO. (include area code)										
Has the Noncustodial Parent ever bee	en arrested? YES	NO If YES,	when (date):	<u> </u>							
WHERE (City or County and State)		WHY									
NONCUSTODIAL PARENT'S CURRENT SPO	USE'S NAME (First, Middle, Last))									
NONCUSTODIAL PARENT'S MOTHER'S MAIDEN NAME (First, Middle, Last)						LOCATION OF MOTHER'S RESIDENCE (County & State)					
MOTHER'S ADDRESS: Street, Apt. or Unit	No., City, State, Zip Code										
NONCUSTODIAL PARENT'S FATHER'S NAME (First, Middle, Last)					LOCATION OF FATHER'S RESIDENCE (County & State)						
FATHER'S ADDRESS: Street, Apt. or Unit N	No., City, State, Zip Code										
List other child (ren) of the noncustod FULL NAME (First, Middle, Last)	ial parent different from child	Iren listed in Se	ction II	9	EX	BIRTHDATE	OR APPROXIMATE AGE				
1.						BIRTIDATE	OKAT TROXIIII/TE AGE				
2.											
3.											
					I						
Is the noncustodial parent currently o	r ever been in the Military?	YES	NO If YES,	complete info	ormat io	n on the ne	kt line.				
BRANCH (Army, Air Force, Marines, Coast	Quard) RANK			DATES (Mor	nth, Year	T)	0				

SECTION V: INFORMATION ABOUT THE NONCUSTODIAL PARENT (Continued)

OLO HON V. HI	OIWIAIIO	IT ADOUT IT	12 1101100	01001/121	· \	(Oorkiiided)				
CURRENT EMPLOYER						TELEPHONE NO. (inclu	de area code)			
ADDRESS: Street, Apt. or Unit No.										
City, State, Zip Code										
OCCUPATION/JOB TITLE										
Is Health Insurance ava	ailable for the o	child(ren) through	this employer?	YES	NO	UNKNOWN \	If you answered YES to any of these questions, please			
Is Dental Insurance ava	ailable for the o	child(ren) through	this employer?	YES	NO	UNKNOWN	complete the HEALTH INSURANCE INFORMATION			
Is Vision Insurance available for the child(ren) through this employer? YES NO UNKNOWN (OCS 2111) form included in this package.										
**** ATTACH A COPY OF YOUR MOST RECENT PAYCHECK STUB IF YOU ARE THE NONCUSTODIAL PARENT**** IF YOU ARE THE CUSTODIAL PARTY AND HAVE A COPY OF THE NONCUSTODIAL PARENT'S PAY STUB, PLEASE ATTACH IT.										
UNION NAME						LOCAL NO.				
ADDRESS: Street, Apt. or	Unit No.									
City, State, Zip Code										
	NAME OF BUSIN	IESS				TYPE OF BUSINESS				
IF SELF-EMPLOYED PREVIOUS OR ADDITIONA	I EMBLOVED					LE DDD/IOUE EMDLOV	⊒R, DATES (Month, Year)			
						FROM	TO			
ADDRESS: Street, Apt. or Unit No.										
City, State, Zip Code	TELEPHONE NO. (inclu	nclude area code)								
OCCUPATION/JOB TITLE UNION NAME OR LOCAL NO.										
Does the noncustodial	parent own a	car, boat, motorc	ycle, trailer, etc	? YES	s No	D UNKNOWN If	YES, complete the following:			
VEHICLE TYPE	1		2		3		4			
MAKE										
MODEL / YEAR										
COLOR										
LICENSE NO./STATE										
Does the noncustodial parent own any real estate? YES NO UNKNOWN If YES, complete the following:										
LOCATION (City/State)		1			2					
ADDRESS (Street, Apt.	or Unit No.)									
TYPE (Residential, Com	mercial, etc.)									
Does the noncustodial		ny bank accounts		NO	UNKNOW	'N If YES, complete t				
BANK/CREDIT UNION	1		2		3		4			
BRANCH										
ADDRESS										
ACCOUNT NO.										
TYPE OF ACCOUNT	CHECKIN	SAVINGS	CHECKING	SAVINGS	СН	ECKING SAVINGS	CHECKING SAVINGS			
Does the noncustodial		ny other financial		bonds, etc.?	YES	NO UNKNOW	N If YES, complete the following:			
LOCATION	1		2		3		4			
TYPE										

SECTION VI: MARRIAGE & COURT ORDER INFORMATION Were the mother and father of the child(ren) married to each other? YES NO UNKNOWN If YES, complete the following: DATE OF MARRIAGE DATE OF SEPARATION DATE OF DIVORCE DIVORCE CASE NO. LOCATION OF MARRIAGE (City, County, State & Country) LOCATION OF DIVORCE (City, County, State & Country) Is there a support order? YES UNKNOWN If YES, complete the following: DATE ORDER FILED COURT ORDER NO. WHERE ORDER WAS FILED (City, County, State & Country) Has an order for paternity been established? YES NO UNKNOWN If YES, complete the following: DATE ORDER FILED COURT ORDER NO. WHERE ORDER WAS FILED (City, County, State & Country) If you are not the mother or the father of the child(ren), is there a court order granting custody to you? UNKNOWN If YES, complete the following: DATE ORDER FILED COURT ORDER NO. WHERE ORDER WAS FILED (City, County, State & Country) CUSTODIAL PARTY'S ATTORNEY'S NAME TELEPHONE NO. (include area code) ADDRESS: Street, Apt. or Unit No. City, State, Zip Code NONCUSTODIAL PARENT'S ATTORNEY'S NAME TELEPHONE NO. (include area code) ADDRESS: Street, Apt. or Unit No. City, State, Zip Code SECTION VII: COMMENTS PROVIDE ADDITIONAL COMMENTS/INFORMATION HERE SECTION VIII (MUST BE COMPLETED) Read carefully before signing below. Your signature is required in order for us to open a case for you. I declare under penalty of perjury that the information I have provided on this application is true to the best of my knowledge and belief. DATE: _ SIGNATURE OF APPLICANT FOR OFFICE USE ONLY APPLICATION ID: DATE MAILED: DATE RECEIVED: DATE REQUESTED: